

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>DEA</u>		
City <u>Brockton</u>	Related Case Information:			
County <u>Plymouth</u>	Superseding Ind./ Inf.	Case No.		
	Same Defendant	New Defendant		
	Magistrate Judge Case Number	<u>15-mj-4319-DHH</u>		
	Search Warrant Case Number			
	R 20/R 40 from District of			
Defendant Information:				
Defendant Name <u>Marvin Antoine</u>	Juvenile:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Alias Name				
Address <u>(City & State) Brockton, MA</u>	<input checked="" type="checkbox"/>			
Birth date (Yr only): <u>1986</u>	SSN (last4#): _____	Sex <u>M</u>	Race: <u>Black</u>	Nationality: _____
Defense Counsel if known:			Address _____	
Bar Number				
U.S. Attorney Information:				
AUSA <u>Leah Foley</u>	Bar Number if applicable _____			
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____			
Victims: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Warrant Requested	<input type="checkbox"/> Regular Process	<input checked="" type="checkbox"/> In Custody		
Location Status:				
Arrest Date <u>November 22, 2015</u>				
<input checked="" type="checkbox"/> Already in Federal Custody as of <u>November 22, 2015</u> in _____.				
<input type="checkbox"/> Already in State Custody at _____ <input type="checkbox"/> Serving Sentence				<input checked="" type="checkbox"/> Awaiting Trial
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____				
Charging Document: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Information <input type="checkbox"/> Indictment				
Total # of Counts: <input type="checkbox"/> Petty _____ <input type="checkbox"/> Misdemeanor _____ <input checked="" type="checkbox"/> Felony <u>1</u>				
Continue on Page 2 for Entry of U.S.C. Citations				
<input checked="" type="checkbox"/> I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.				
Date: <u>11/23/2015</u>	Signature of AUSA: <u>Leah B Foley</u>			

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Marvin Antoine

U.S.C. Citations

Index Key/Code	Description of Offense Charged	Count Numbers
Set 1 <u>21 U.S.C. §846</u>	Conspiracy to distribute heroin and marijuana	1 _____
Set 2 _____	_____	_____
Set 3 _____	_____	_____
Set 4 _____	_____	_____
Set 5 _____	_____	_____
Set 6 _____	_____	_____
Set 7 _____	_____	_____
Set 8 _____	_____	_____
Set 9 _____	_____	_____
Set 10 _____	_____	_____
Set 11 _____	_____	_____
Set 12 _____	_____	_____
Set 13 _____	_____	_____
Set 14 _____	_____	_____
Set 15 _____	_____	_____

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>DEA</u>		
City <u>Brockton</u>	Related Case Information:			
County <u>Plymouth</u>	Superseding Ind./ Inf.	Case No.		
	Same Defendant	New Defendant		
	Magistrate Judge Case Number	<u>15-mj-4319-DHH</u>		
	Search Warrant Case Number			
	R 20/R 40 from District of			
Defendant Information:				
Defendant Name <u>Lutherson Bonheur</u>	Juvenile:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Alias Name _____				
Address <u>(City & State) Brockton, MA</u>	<input checked="" type="checkbox"/>			
Birth date (Yr only): <u>1992</u>	SSN (last4#): _____	Sex <u>M</u>	Race: <u>Black</u>	Nationality: _____
Defense Counsel if known: _____	Address _____			
Bar Number _____				
U.S. Attorney Information:				
AUSA <u>Leah Foley</u>	Bar Number if applicable _____			
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____			
Victims: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		 <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Regular Process <input checked="" type="checkbox"/> In Custody		
Location Status:				
Arrest Date <u>November 22, 2015</u>				
<input checked="" type="checkbox"/> Already in Federal Custody as of <u>November 22, 2015</u> in _____				
<input type="checkbox"/> Already in State Custody at _____	<input type="checkbox"/> Serving Sentence	<input checked="" type="checkbox"/> Awaiting Trial		
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____				
Charging Document: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Information <input type="checkbox"/> Indictment				
Total # of Counts: <input type="checkbox"/> Petty _____ <input type="checkbox"/> Misdemeanor _____	<input checked="" type="checkbox"/> Felony <u>1</u>			
Continue on Page 2 for Entry of U.S.C. Citations				
<input checked="" type="checkbox"/> I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.				
Date: <u>11/23/2015</u>	Signature of AUSA: <u>Leah Foley</u>			

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Lutherson Bonheur

U.S.C. Citations

<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 U.S.C. §846</u>	<u>1</u>
Set 2	_____	_____
Set 3	_____	_____
Set 4	_____	_____
Set 5	_____	_____
Set 6	_____	_____
Set 7	_____	_____
Set 8	_____	_____
Set 9	_____	_____
Set 10	_____	_____
Set 11	_____	_____
Set 12	_____	_____
Set 13	_____	_____
Set 14	_____	_____
Set 15	_____	_____

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>DEA</u>
City <u>Brockton</u>	Related Case Information:	
County <u>Plymouth</u>	Superseding Ind./ Inf.	Case No.
	Same Defendant	New Defendant
	Magistrate Judge Case Number	<u>15-mj-4319-DHH</u>
	Search Warrant Case Number	
	R 20/R 40 from District of	

Defendant Information:

Defendant Name <u>Donovan Grant</u>	Juvenile: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Alias Name _____				
Address <u>(City & State) Los Angeles, California</u> +				
Birth date (Yr only): _____	SSN (last4#): _____	Sex <u>M</u>	Race: <u>Black</u>	Nationality: _____

Defense Counsel if known: _____ Address _____

Bar Number _____

U.S. Attorney Information:

AUSA Leah Foley Bar Number if applicable _____

Interpreter: Yes No List language and/or dialect: _____

Victims: Yes No If yes, are there multiple crime victims under 18 USC§3771(d)(2) Yes No

Matter to be SEALED: Yes No

Warrant Requested Regular Process In Custody

Location Status:

Arrest Date _____

Already in Federal Custody as of _____ in _____.

Already in State Custody at _____ Serving Sentence Awaiting Trial

On Pretrial Release: Ordered by: _____ on _____

Charging Document: Complaint Information Indictment

Total # of Counts: Petty _____ Misdemeanor _____ Felony 1 _____

Continue on Page 2 for Entry of U.S.C. Citations

I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.

Date: 11/23/2015 Signature of AUSA: Leah B Foley

District Court Case Number (To be filled in by deputy clerk): _____
Name of Defendant Donovan Grant

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 U.S.C. §846</u>	Conspiracy to distribute heroin and marijuana	1
Set 2	_____	_____	_____
Set 3	_____	_____	_____
Set 4	_____	_____	_____
Set 5	_____	_____	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>DEA</u>
City <u>Brockton</u>	Related Case Information:	
County <u>Plymouth</u>	Superseding Ind./ Inf.	Case No.
	Same Defendant	New Defendant
	Magistrate Judge Case Number	<u>15-mj-4319-DHH</u>
	Search Warrant Case Number	
	R 20/R 40 from District of	
Defendant Information:		
Defendant Name <u>Fredly PHANORD</u>	Juvenile:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Alias Name _____		
Address <u>(City & State) Brockton, Massachusetts</u> #		
Birth date (Yr only): <u>1992</u>	SSN (last4#): _____	Sex <u>M</u> Race: <u>Black</u> Nationality: _____
Defense Counsel if known: _____		Address _____
Bar Number _____		
U.S. Attorney Information:		
AUSA <u>Leah Foley</u>	Bar Number if applicable _____	
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____	
Victims: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Warrant Requested		<input type="checkbox"/> Regular Process
		<input checked="" type="checkbox"/> In Custody
Location Status:		
Arrest Date _____		
<input type="checkbox"/> Already in Federal Custody as of _____ in _____.		
<input checked="" type="checkbox"/> Already in State Custody at <u>Barnstable House of Correction</u> <input type="checkbox"/> Serving Sentence <input checked="" type="checkbox"/> Awaiting Trial		
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____		
Charging Document: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Information <input type="checkbox"/> Indictment		
Total # of Counts: <input type="checkbox"/> Petty _____ <input type="checkbox"/> Misdemeanor _____ <input checked="" type="checkbox"/> Felony <u>1</u> _____		
Continue on Page 2 for Entry of U.S.C. Citations		
<input checked="" type="checkbox"/> I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.		
Date: <u>11/23/2015</u>	Signature of AUSA: <u>Leah Foley</u>	

District Court Case Number (To be filled in by deputy clerk): _____
Name of Defendant Fredly Phanord

U.S.C. Citations		
<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 U.S.C. §846</u>	Conspiracy to distribute heroin and marijuana
Set 2		
Set 3		
Set 4		
Set 5		
Set 6		
Set 7		
Set 8		
Set 9		
Set 10		
Set 11		
Set 12		
Set 13		
Set 14		
Set 15		

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**

Place of Offense:	Category No. <u>II</u>	Investigating Agency	DEA
City <u>Stoughton</u>	Related Case Information:		
County <u>Norfolk</u>	Superseding Ind./ Inf.	Case No.	
	Same Defendant	New Defendant	
	Magistrate Judge Case Number	<u>15-mj-4319-DHH</u>	
	Search Warrant Case Number		
	R 20/R 40 from District of		
Defendant Information:			
Defendant Name <u>Michelle Collins</u>	Juvenile:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Alias Name _____			
Address <u>(City & State) Stoughton, MA</u>	<input checked="" type="checkbox"/>		
Birth date (Yr only): <u>1984</u>	SSN (last4#): _____	Sex <u>M</u>	Race: <u>Black</u>
Nationality: _____			
Defense Counsel if known: _____	Address _____		
Bar Number _____			
U.S. Attorney Information:			
AUSA <u>Leah Foley</u>	Bar Number if applicable _____		
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____		
Victims: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	 <input checked="" type="checkbox"/> Warrant Requested <input type="checkbox"/> Regular Process <input type="checkbox"/> In Custody		
Location Status:			
Arrest Date _____			
<input type="checkbox"/> Already in Federal Custody as of _____ in _____.			
<input type="checkbox"/> Already in State Custody at _____ <input type="checkbox"/> Serving Sentence	<input type="checkbox"/> Awaiting Trial		
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____			
Charging Document: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Information	<input type="checkbox"/> Indictment		
Total # of Counts: <input type="checkbox"/> Petty _____	<input type="checkbox"/> Misdemeanor _____	<input checked="" type="checkbox"/> Felony _____	<u>1</u>
Continue on Page 2 for Entry of U.S.C. Citations			
<input checked="" type="checkbox"/> I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.			
Date: <u>11/23/2015</u>	Signature of AUSA: <u>Leah B Foley</u>		

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Michelle Collins

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 U.S.C. §846</u>	Conspiracy to distribute heroin and marijuana	1
Set 2	_____	_____	_____
Set 3	_____	_____	_____
Set 4	_____	_____	_____
Set 5	_____	_____	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: _____